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OFFICE USE ONLY

PETITION NO.: \_\_\_\_\_

NAME:

DATE RECEIVED: \_\_\_\_\_

NO:

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M.S.B.U.

MUNICIPAL SERVICE BENEFIT UNIT

PETITION FORM

ST. LUCIE COUNTY BOARD OF COUNTY COMMISSIONERS

(UTILITIES)

I(We), the undersigned, as property owners in/on \_\_\_\_\_ Subdivision/Road, which is located outside of the corporate limits of any city, town or municipality within St. Lucie County, Florida, do hereby respectfully petition the Board of County Commissioners to create a municipal services benefit unit to fund the cost of the following improvements:

\_\_\_\_\_. All improvements shall be constructed to County standards.

***We understand that the determination of whether to construct the improvements will be made by the Board of County Commissioners at a public hearing. We understand that the Board may assess the actual cost of the improvements and the consultant's engineering and surveying costs and administrative fees against us including other allowable incidental costs connected therewith. We also understand that the costs of preparing the plans, specifications, and cost estimates required for the project may be assessed against us in the event the project is not approved.***

**Property owners may rescind their petition by providing the county engineer with written notice of such withdrawal at any time prior to the initial public hearing. However, the board may create a municipal services taxing or benefit unit on its own motion without the concurrence of fifty-one (51%) percent of the property owners.**

PRINT NAME:

PROPERTY ADDRESS (If improved):

\_\_\_\_\_

\_\_\_\_\_

SIGNATURE (Required):

PROPERTY TAX ID NO(S). (If available):

\_\_\_\_\_

\_\_\_\_\_

MAILING ADDRESS:

LEGAL DESCRIPTION (If available):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NO.:

\_\_\_\_\_

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